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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1937	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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1. PLACE OF DEATH		95-7	
County Trederick		Registration Dist. No. /3	0
Village or City Print of Village or City Print	1//	No. St., f death occurred in a hospital or institution, give its NAME instead of street and n	
Langth of residance in city-or town where death occur	P P - 1	ds. How long in U.S. if of foralgn birth?mc)\$0\$.
(a) Residence: No.	Rock h	If U. S. Veteran, specify WAR. St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL F		MEDICAL CERTIFICATE OF DEATH	
	LE, MARRIED, WIDOWED, IVORCED (write the word)	21. DATE OF DEATH 2 (Month) (Day)	, 193. 7
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	uderson	22. Feli. 22 19.37, to Curfuel 2	deceased from
90 2 1	19-1847 ays if LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 60 m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:	; death is said
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or businass in which work was dona, as SILK MILL. SAW MILL, BANK, etc 10. Dete deceased last worked at this occupetion (month and 1929 119 yer)	L. Total time (years) spent in this 602	arteris celeralia heart disease	1736
12. BIRTHPLACE (city or town) Treserve (Stete or country)	exmed	Other Contributory Causes of Importance:	
W 13. NAME MM Baker			
13. NAME 14. BIRTHPLACE (city or town) (Stata or country)	ica mid	Name of operation Move Date of What test confirmed diagnosis? Wes there en a	utopsy? Ko
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	now Enow	23. If death was due to external causes (VIOLENCE) fill in elso the following Accident, suicide, or homicide? Date of Injury Whera did Injury occur? (Specify city or town, county and State Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	, 19 e)
18. BURIAL, CREMATION, OR REMOVAL Place Dela Date	8/5 19.3	Manner of injury	
19. UNDERTAKER 6. E. C. C. C. C. (Address) Frederica	ma.	24. Wes disease or injury in eny way related to occupation of deceased?	NO NO
20. FILED Ling Lap., 193.	Registrar,	(Address) Buckley January (2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	Mid.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

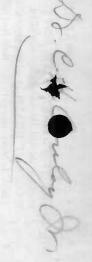
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	Example I		Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	S Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	252 7 (4)	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year



If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related cruses as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	180 KOL	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	193	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	AUG 31	days ago
SURBALL V. S.			Water Comment	
Other contributory causes of importance:		Other contributory c	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year
			in parties	

-WRITE

V. S. No. 1

1	L PLACE OF DEAT	тн			· ·	46.3			
	County Fred	erick			7/3	6	Registration [Dist. No.	3 1
	Village er City	No. 809	Marl	cet Str	eet st.	Ward			
1	Length of residence In cir	ty or town where d	leath occurred5	Oyrsmos	ds. How long	Res. S. If of f	oreign birth?	yrs	mosds.
/2	. FULL NAME	Tames Wa	lter Ap	pleby	If U. S.	Veteran, sp	pecify WAR	NONE	
	(a) Residence: No	809 N.	Market (Usual place	Street	St., War	d. The	If nonresident	give city or town an	id State
-	PERSONAL AN	D STATISTI	CAL PARTI	CULARS	MED	ICAL CE	RTIFICATE	OF DEATH	
		R OR RACE		RIED, WIDOWED, O (write the word) 100	21. DATE OF D	Ange	nist (Month)	12 (0ay)	, 193_7 (Year)
5a.	If married, widowed, or divo HUSBAND of (or) WIFE or		. Carte	r	May THE	REBY		That I attende	
6.	DATE OF BIRTH (month, da;	y, and year)	fune 29.	1873	i last saw Lim.	111	W/ 12	- 193	; death is said
_	AGE Years	Months	Oays	If LESS than	to have occurred on the				
	64	1	13	1 day,hrs.	The PRINCIPAL CAUS	SE OF DEATH	and related cause	s of importance	Oate of onset
OCCUPATION	8. Trade, profession, or proping the sample of the sample	as SPINNER, PER, etc	rocerie	Merchant s me (years) nt in this 6	Carren	tsw-A	d hi	ww	aput 13, 37
12.	BIRTHPLACE (city or town) (State or country)		rland		Other Contributory Ca	uses of import	ance:		
ER	13. NAME Tuth	er H. A	poleby						
FATHER	14. BIRTHPLACE (city or to (State or country)		yland		Name of operation What test confirmed d		,		II Au
TER	15. MAIDEN NAME	Martha	Bennett		23. if death was due to	external cause	s (VIOLENCE) fill	l in also the followi	ng:
15. MAIDEN NAME Martha Bennett 16. BIRTHPLACE (city or town) (State or country) Maryland				Accident, suicide, or homicide?					
17. INFORMANT Mrs. James Walter Appleby (Address) 809 N. Market St., Fred. Md.				Specify whether Injury	y occurred in i				
18	BURIAL, CREMATION, OR T	REMOVAL FT	ed.Md.	,	Manner of injury Nature of injury				
19		R.Etchis ederick,	son & So	n Cudy	24. Was disease or inju			ation of deceased?	no Mg.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: V E D Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis - 6 1027	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

B.—WRITE PLATNLY,

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STATE OF MARYI AND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(B)
County Frederick	Registration Dist. No. 192
Village or City Harmony	NoSt., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
	EYIf U. S. Veteran, specify WAR
(a) Residence: No. /tarmony. Frederick (Usual place of abode)	6 SLM d Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Baker	1 HEREBY CERTIFY, That I attandad daceased from
6. DATE OF BIRTH (month, day, and year) Oct 30. 1861	1 last saw has alive on ang 7, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11.30/A-m.
75 9 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	arterioselente
SAWYER, BOOKKEEPER, etc. Housenfe	Hent Disance 1930
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Congestion Leat failure 8/6/27
O 10. Date deceased last worked at this occupation (month and spent in this	Manufige Latinoschini, 1925.
year) July 1931 occupation 9.5 12. BIRTHPLACE (city or town) Down Sville, Wash Bo (Stata or country)	Other Contributory Causes of importance:
13. NAME Elias Cline	
14. BIRTHPLACE (city or town) Washington Co. (State, or country)	Name of operation Data of What test confirmed diagnosis? Cleaning Was there an autopsy?
15. MAIDEN NAME Amanda Kessel Tina	23. If death was due to external causes (VIOLENCE) fill in also that following:
15. MAIDEN NAME Amanda Resselving 16. BIRTHPLACE (city or town) Washington, Ba	Accident, suicide, or homicide? Data of Injury, 19
State or country)	Where did Injury occur?
17. INFORMANT Mary Forest (Address) Myersville Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Harmony Chypron Date alleg 9,1937	Nature of Injury
19. UNDERTAKER Slashill Co. (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED CLUQ 9, 19.37 D, Frayens breeze	(Signed) / 1000 M.D.
Registrar.	(Address)

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Example I Example II The principal cause of death and related eauses The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TYDDY Y Y CONTRACTOR	DI AUL	T. OTC	T. OTCTTTTTT	DISTRIBUTION	D A	TITTOTOTOTAL

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1931 Chronic interstitial nephritis Run over by street car 1 week ago Cerebral hemorrhage July 5 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis Mau 1.1923 1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8794
1. PLACE OF DEATH	(93-20)
County Frederick	Oulgue Registration Dist. No. 13
Village or City Montevue, Emerge	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME John Edward	Brenny U.S. Veteran, specify WAR Work
(a) Residence: No. Umonvelle m	1.St., Ward. Unionville Mid.
July & G. (Usualplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Mopph) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept 7. 1845	1 last www harman alive on aug I 1932: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
92 // laday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, es SPINNER,	Date of onest
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (month and	Chome My oranditio 1931
work was done, as SILK MILL, SAW MILL, BANK, etc.	
this occupation (month allow) 1. V Co spent in this	
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Mares land.	10.453
	Cortex Secretario
E	
[State or country] Mary land.	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Lurenne Garrie	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Zurennett Yaung 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) mary land.	Where did Injury occur?
17. INFORMANT 6 vangeline Live (Address) Emelyence Hoopetal	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CHEMATION, OR REMOVAL / July & Cu.	Manner of Injury
Place dinganne Sur. Date aug 10, 1937	Nature of injury
19, UNDERTAKER . M. Walty M. (Address) Winfield, M. M.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 7 aug , 127 MBendy	(Signed) ASD Thornas M.D. (Address) Proderick Md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 8795
1. PLACE OF DEATH	250
County Frederick	Quelace Registration Dist. No. 131
Village or City Montural Cinergen	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidence in city or town whare daath occurradyrsmos	[BEST HOLD STORY OF STORY OF SAME SAME SAME SAME SAME SAME SAME SAME
2. FULL NAME Mary Deawn.	If U. S. Veteran, specify WAR
(a) Residence: No. 6 20 Alcocharts (Usyal place of abode) Fire	direct Ward. 6307 Clime wat and State of A
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored. 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Wild aswed.	21. DATE OF DEATH Lugust / 193 (Wanth) (Day) (Year)
5a. If marriad, widowad, or divorcad HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 10-1870	liast saw her aliva on augest 1, 1932; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at \$4.2.m.
/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	ware as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chrone Myocardites 1936
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was dona, as StLK MILL, SAW MILL, BANK, etc. 10. Oata daceased last worked at this pecupation (month and the pecupation (month and	
SAW MILL, BANK, etc	
this occupation (month end spent in this occupation occupation	
Frad Oa	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
E Manueland	No. of countries
(State or country)	Name of operation Date of Was there an autopsy?
	What test confirmed diegnosis?
E OMA AND AND	Accident, suicide, or homicide?
State or country)	Where did Injury occur?
17. INFORMANT Evangeline Sice Hargetal	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OREMATION, OR REMOVAL	Menner of injury
Place Hofe Ail Col·Cem. Data duguet 3, 1937	Nature of injury
19. UNDERTAKER (Mad Huneral Home (Address) Frederick maryland.	24. Was disaase or injury in any way related to occupation of daceesed? 200
20. FILED 2 aug , 1937 Iraf. Ne Gurdy Registrar.	(Signed) BO Here Levely M. D. (Addrass) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SFP 6 1931	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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BINDING

RESERVED

MARGIN

S. No.

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1 week ago
1 week ago
1 week ago
3 days ago
1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

BINDING

RESERVED

MARGIN

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
Chronic interstitial nephritis		Attock of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
Cerebral hemorrhoge	July 5,1927	Peritonitis	3 days ago
7.06 31 193.			
Other contributory causes of importance		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

B.

20. FILED 12

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8798
County Frederick William or City Frederick	Registration Dist. No. 131 No. 0,339 S. Market St., Ward
Length of residence in city or town where deeth occurredyrsmo	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. Heighong in U.S. If of foreign birth?yrsmosds
2. FULL NAME Louisa Frances Cook (a) Residence: No. 339 S. Market (Usual place of abode)	If U. SZysteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow 5a. If married, widowed, or divorced	21. DATE OF DEATH AUGUST (Month) (Day) (Year)
(or) WIFE of John Wm. Cook	22. I HEREBY CERTIFY. Thet I attended deceased from May, 25, 19 36, to Aug. 10 19 37
6. DATE OF BIRTH (month, day, and year) August 1 1862 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	was a followed
8 Trade profession or particular	Chr. Myocarditis Date of once
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Centributory Causes of Importance:
13. NAME George Edw. Cook 14. BIRTHPLACE (city or town). (State or country) Maryland	Name of operation
15. MAIDEN NAME Henrietta Bast 16. BIRTHPLACE (city or town) (State or country) Maryland	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT Mr. Harvey Staub (Address) 339 S. Market St. Fredk. Md. 18. BURIAL, OREMATION, OR REMOVAT St. Pauls Cem. Place Jefferson, MD. Date Aug. 13 , 19 3	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury
19. UNDERTAKER M.R. Etchison &Son (Address) Frederick Md.	24. Was disease or Injury In any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar

(Signed)

(Address)

Md

Frederick

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Example I	- I	Example II	
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Chronic interstitial nephritis SEP 0 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU Y. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED I

BINDING

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BEREAU Y. S.	1	,	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car The principal cause of death and related causes of onse of onse of importance were as follows: 1 week a
1 Run over by street car 1 week a
1927 Peritonitis 3 days a
Other contributory causes of importance:
1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

		-	
1. PLACE OF DEATH		23) 150	
County F1	rederick.	Registration Dist. No. 13	9
		death occurred in a hospital or institution, give its NAME instead of street and	
		ds. How long in U.S. if of foreign birth?yrs	nosds.
		If U. S. Veteran, specify WAR	
(a) Residence: No.	2708 Wilkens, Ave, (Usual place of abode)	St., Ward. Baltimore, Maryl II nonresident give city or town an	and.
PERSONAL AND ST	ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR F	OR DIVORCED (write the word)	21. DATE OF DEATH Aug. (Month) (Dey)	., 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and years A	fonths Days If LESS than	22. I HEREBY CERTIFY, That I attended at the state of the	2, 1937.
47	1 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Data of onset
8. Trade, profession, or particular kind of work done, as SPII SAWYER, BOOKKEEPER, etc. work was done, as SILK M SAW MILL, BANK, etc	Machinist	Pulmonary Tuberculosis	Jan. 1937
12. BIRTHPLACE (city or town) (State or country)	Baltimore, Maryland	Other Contributory Causes of importance:	-
13. NAME Alfre	ed E. Deems		
13. NAME Alfre 14. BIRTHPLACE (city or town) (State or country)	Maryland.	Name of operation None Pos-Spu-tain of What test confirmed diagnoscies t. X-Ray Was there are	eutopsy?n
15. MAIDEN NAME E1	la Madden	23. If death was due to external causes (VIOL ENCE) fill in also the following	
15. MAIDEN NAME Ell 16. BIRTHPLACE (city or town) (State or country)	Maryland•	Accident, suicide, or homicide? Date of injury Where did injury occur?(Specify city or town, county and St	
A7. 1141 OILLINGTH	am J. Deems Limore. Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	LACE.
18. BURIAL, CREMATION, OR REMOVA		Manner of injury	
	Creager Creater Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) State aanatomm	no er.

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ample I		Example II	
CEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
11 1027	1921	Run over by street car	1 week ago
OR TT TOOL	July 5,1927	Peritonitis	3 days ago
BAU V. S.			18.
of importance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	ch and related causes with and related causes with a related cause with a related causes with a related causes with a related cause with a related caus	Date of onset WS: 1915 1921 July 5,1927 of importance:	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

infor-

Date of onset

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Registrar.

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Cercbral hemorrhage	July 5,1927	Peritonitis .	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	PHYSICIAN	BY	STATEMENTS	FURTHER	FOR	SPACE	ADDITIONAL
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Chronic interstitial nepl	uritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	GEP 6 1937	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.	({		
Other contributory ca	uses of importance:		Other contributory causes of importance:	-01 F
Gallstones		May 1,1923	Gastroenteritis	1 year
				100000000000000000000000000000000000000

ss State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If more blanks are herded

12 Martin

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

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()	0	U	0.7

1. PLACE OF DEATH	(47.B)
County Fredericks	Registration Dist. No. 13/
Village or City Frederich	No. 25 East Patrich St., Ward
	If death occurred a hospital or institution, give its NAME instead of street and number) osds. How tong in U.S. if of foreign birth?
2. FULL NAME Charles L. Farus	would If U. Sayeteran, specify WAR and a materia
(a) Residence: No. 17 East Patruls (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unaried	21. DATE OF DEATH Aug 24 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHE of Laura Eichelberger 6. DATE OF BIRTH (month, day, and year) May 14 1885	22. I HEREBY CERTIFY. That I attended deceased from 7
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, &m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of one of
Note that the control of the control	Carcinema of Lung 5 mits
12. BIRTHPLACE (city or town) Colling (State or country)	Other Contributory Causes of importance:
13. NAME Jalin E. Farnawath 14. BIRTHPLACE (city or town) Waterland (State or country) May	Name of operation Date of What test confirmed diagnosis? Clarification Was there an autopsy? Us
15. MAIDEN NAME Clina toans worth 16. BIRTHPLACE (city or town) Eire (State or country) 17. INFORMANT Eden D. Farmwalk (Address)	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, OREMATION OF PENOVAL Place Put. Oliver Date ang 28, 1937	Manner of Injury
19. UNDERTAKER Havy E. Carty Co. (Address) Frederich And	24. Was dicease or injury in any way related to occupation of deceased? 200
20. FILED 27 aug., 1937 Dra FYKE Guids Registrat	(Signed) It Lamen Fahrey M.D. (Address) 17 & Second St.
If more blanks are needed, address State Registrat	7, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Frederick My

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Example I		Example II	,
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
MECEIVED	1915	Attack of epilepsy	1 week ago
phritis	1921	Run over by street car	1 week ago
SEP 6 1937	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
causes of importance:		Other contributory causes of importance:	
Gallstones		Gastroenteritis **	1 year
	of death and related causes as follows: FFCFIVED Phritis SEP 6 1937 BUREAU V. S.	of death and related causes as follows: PFCFIVED 1915 1921 SFP 8 1937 July 5, 1927 BUREAU V. S.	of death and related causes pate of onset as follows: 1915 1915 Attack of epilepsy Peritonitis 1921 Run over by street car Peritonitis BUREAU V. S. Causes of importance: Other contributory causes of importance:

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	822
county Frederick	Registration Dist. No. 132
Village or City Harmony	No. St., Ward
<i></i>	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Philip C. Fisher	If U. S. Veteran, specify WAR None
(a) Residence: No. Haymony, Me (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Acolor or RACE Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Marrie d	21. DATE OF DEATH Queg 14 , 1937 (Month) (Dey) (Year)
5a. If married, widowed, or divorcad HUSBANO of (or) WHFE of Jane E. Fisher	1 HEREBY CERTIFY. That I attended deceased from 1937, to 20, 1937
6. DATE OF BIRTH (month, dey, and yaer) Jau. 4. 86	Mast saw h. M. alive on Mily 20 ,, 193/; deeth is sald
76 7 10 1 day,hrs.	to have occurred on the date stetled above, at 19.00 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	were as follows: Date of onset Aund 1427
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
10. Oata deceased last worked at this occupetion (month and yaar) 11. Total time (years) spent in this occupation 55	
12. BIRTHPLACE (city or town) Harmony, (Stete or country) Frederick Co. Md	Other Contributory Causes of Importance: Outline Sclerosea
	- Conces - Sciences
13. NAME Henry Lisher 14. BIRTHPLACE (city or town) Unkname (State or country)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy? A
15. MAIDEN NAME Mary Ambrost	23. If deeth was due to external causes (ViOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). 16. BIRTHPLACE (city or town). (State or country)	Accident, suicide, or homicide?Date of Injury, 19
17. INFORMANT OSCAR W. Fisher	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Myers ville xid (R.) 18. BURIAL, CREMATION, OR REMOVAL	Name of the same o
Place U.B. Cemetery y oate ung 16, 1937	Mennar of ก็กำนาง - Neture of injury
19. UNOERTAKER Glad hill Company (Address) middletohun Mod	24. Wes disease or injury in any way ralated to occupation of daceased?
20. FILED lug 1.6., 1937. D. Grange Some Registrar.	(Signed) Cline Harp M. D. (Address) And Address
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	. Y921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	775
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	82-00
County Ined	Registration Dist. No.
Village or City Bassassas	NoSt.,Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) 108. 23ds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Martin H Ploase	If U. S. Veteran, specify WAR
	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 10, 193 (Year)
5a. If merried, widowed, or divorced	Variable Var
(or) WIFE of Smal Ellen alexander	1 HEREBY CERTIFY, Thet I attended deceased from
Not 2 1851	Hest say h translive on angust 10 1937 death is sei
6. DATE OF BIRTH (month, day, end year) // / / / / / / / / / / / / / / / / /	to have occurred on the date stated above, 33.7m.
() G I day,hr	S. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
- 8. Nade, profession, or particular	were as follows:
Nind of work done, as SPINNER, Cooper Confunt	Drewis Numbertage
F O	
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
yeer) occupation	Dther Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	<u> </u>
13. NAME John Floot	
4 14. BIRTHPLAGE (city or town)	Name of operation Dete of
(State or country)	What test confirmed diegnosis? Wes there an eutopsy?
15. MAIDEN NAME Mary MESside 16. BIRTHPLACE (city or town) (State or country)	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT US CON FLOOR	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Dunsung Md	
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Chinoldulous Date Ong 12, 193,	Nature of injury
19. UNDERTAKER OFF 32 TU TORJU	24. Was disease or injury in ear way related to occupation of deceased?
(Address) Brunswick mo	If so, specify
20, FILED aug 11 19.37 lun H. P. Hr &gro	(Signed) M.
Registrar.	(Address)

V. S. No. 1

should state

Exact statement

stated EXACTL

FOR BINDING

MARGIN RESERVED

properly classified.

H UNFADING INK-THIS IS A PERMANEN

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

B.—WRITE PLAINLY,

of OCCUPA-

ECORD. Every item of infor-

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Cerebral hemorrhage	July 5,1927	Peritonitis	SEP 4 1937	3 days ago
RECEIVED		- 130	REAU V. S.	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory cause Gastroenteritis	es of importance:	1 year
The second secon				

V. S. No. 1

1. PL/	ACE OF DE	ATH				93-0		1.	2 (
	unty Fred						Registration Dis	t. No	20
Vill	lage or City_N	ear Urb	ana	(11	No. Noar death occurred in a hor	Urbans	Q , give its NAME in	stend of street and	Ward
Len	gth of residence in	city or town where	death occurred2		ds. How for				
2. FUI	LL NAME	Mrs. Sar	ah Snou	ffer Gei:	sbert If U.	S. Veteran, sp	ecify WAR No	one	
(a)	Residence: No.		(Usual place	of abode)	St.,W	ard.	If nonresident give	city or town as	nd State
PE	ERSONAL A	ND STATIST			MEI	DICAL CER	RTIFICATE C	F DEATH	
3. SEX Fema		lor or race hite		RRIED, WIDOWED,	21. DATE OF	Au	gust 15	the (Oay)	
HUSB	ied, widowed, or di AND of VIFE of Ch	ivorced arles G	. Geisbe	ert	22 DI H J	EREBY (SERTIE.	That I attende	d deceased from
6. DATE O	F BfRTH (month.)	day, and year) Fe	eb. 18.	1875	I last saw had	alive on	My 1	4 1	; death is said
7. AGE	Years 62	Months 5	Days 27	If LESS than 1 day,hrs.	to have occurred on The PRINCIPAL CAL were as follows:			Pm. No	
8. Tr	ade, profession, or kind of work don SAWYER, BDOKK	particular ne, as SPINNER, EEPER, etc.	Tousewif		SOULAN O	W/1	humb	roses	Date of one at
3	SAW MILL, BANK	s SILK MILL, A L			Quine	Du	made	22.2	V
0 10. Da	te deceased last v this occupation (r year)	worked at nonth and 7/3	11. Total	time (years) ent in this 42 supation	Other Contributary				
f2. BfRTH	PLACE (city or tow ate or country)	m) Maryla	nd		Other Contributory	Pile	Calor		8/12/3
13. NA	ME Will	iam T. S		,	ME	ر چو			
13. NA	RTHPLACE (city or (State or country	town)	7land	· · · · · · · · · · · · · · · · · · ·	Name of peration What test confirmed			Date of	
표 15. M/	AIDEN NAME C	atherine	Schaef	fer	23. If death was due t	o external cause	s (VIOLENCE) fill In	also the follow	Ing:
15. M/	RTHPLACE (city or (State or country	town) Mai	ryland		Accident, suicide, or Where did Injury oc				
17. INFOR	MANT Mr.	C. G. Ge	eisbert Md.		Specify whether Inju	ry occurred in 1	(Specify city or tov NOUSTRY, In HOME	wn, county and S , or in PUBLIC I	tate) PLACE,
18. BURIA	L, CREMATION, OF	REMOVAL	Freder	ck g. 18, ₁₉ 37	Manner of injury				
19. UNDER	I DIVER	R. Etchi		Son	24. Was disease or in	0	related to occupat	of deceased?	
20. FILEO.	0 11/		O'Hure	Inckson	(Signed)	THE	May	us.	м. (

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as.follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 near

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	IN
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BINDING

RESERVED

MARGIN

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BUREAU V. S.			
	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Date of onset

(Day)

BINDING

RESERVED

MARGIN

OF

CAUSE TION

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

17. INFORMANT TOUS (Address)

18. BURIAL, CREMATION, OR REMOVA

19. UNDERTAKER

24. Was disease or injury in any way related to occupation of deceased? If so, specify

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important.

-WRITE PLAI

1	. PLACE C	F DEA	ТН			23	
-	County		Fred	erick,		Registration Dist. No. 139)
1	Village or		Stat	e Sanat	orium, Mo	No. St., death occurred in a hospital or institution, give its NAME instead of street and 20 ds. How long in U.S. if of foreign birth? yrs. m	Ward number)
				ell Grad		If U. S. Veteran, specify WAR	
			Oxford		t. Co.	St., Ward. Naryland 4 If nonresident give city or town and	
luxumir.	PERSO	NAL AN	D STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
	sex Male		r or race		RIED, WIDOWED, (write the word)	21. DATE OF DEATH Aug. 6 (Month) (Day)	, f93 7 (Year)
5a.	If married, wide HUSBAND of (or) WIFE of	owed, or divo	orced			22. HEREBY CERTIFY, That I attended June 16 ,19 37,10 Aug.	6 , 19 37
-		I (month, da ears 46 fession, or p	Months 5	Feb. 23 Days 13	3 1891 If LESS than f day,hrs. ormin.	to heve occurred on the date stated above, et 12.45 Ap. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	7; death is said
OCCUPATION	9. Industry of work w SAW M	work done, R, BDDKKE r business li vas done, as IILL, BANK,	as SPINNER, EPER, etc n which SILK MILL, etc rked at nth and	Law-Cle		Pulmonary Tuberculosis Other Contributory Causes of Importance:	Oct. 1936
12	. BfRTHPLACE (State or co	ountry)		hesterte Maryla Graha	nd .	Lupus Vulgaris	
FATH	14. BIRTHPLA		own)	aryland		Name of operation None pos Sputume of	
MOTHER	. INFDRMANT	CE (city or to or country)	Newell		•	23. If deeth was due to externel causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	, 19
18	(Address) BURIAL, CREM. PlaceC	ATION, OR	ford, M REMDVAL rtown,	Mche Unku	nown ,19	Manner of Injury	
-	UNDERTAKER (Addings)	17	M.L.Cr Thurme	abder hW/ Md.	Resista	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) Stewart S. Shafe (Address) Stafe Sana Carra Single.	no m d

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully

-WRITE PLA

V. S. No. 1 Ä ż TION is vory important

FOR BINDING

MARGIN RESERVED

CTATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE	OF DEATH	JE MIAK	ILAND	CERTIFICATE OF BEATH
County	Frederick			Registration Dist. No. 131
Dec do winds				703
Printing Coll Ordy			(1)	f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of re	esidenca in city or town where	death occurred	5_yrsmos	sds. How long In U.S?it of foreign birth?yrsmosds
2. FULL N	AME David	roff		If U. S. Veteran, specify WAR Month
(a) Resid	ence: No. 701 Nor	th Mark	et	St Ward,
(4) 113013		(Usual place	of shode)	If nonresident give city or town and State
	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE		P-(write tha word)	21. DATE OF DEATH Aug. 26
Male	White	Sing		(Month) (Day) (Year)
5a. If married, wid HUSBAND of				22. O I HEREBY CERTIFX. That I attended deceased fro
(or) WIFE of				Lune 1 1937 to alla 26 1937
A DATE OF BIRTI	H (month, day, and year)	aomhon	20 1055	Mast saw h Di alive on Que 26 1 1937; death is sa
	rears Months	Days	If LESS than	to have occurred on the data stated above atm.
8	1 8	6	1 day,hrs.	
	ofession, or particular	1 0	ormin.	were as follows:
kind o	f work dona, as SPINNER, ER, BOOKKEEPER, etc	Florist		To tranic nephrilis
9. Industry o	e husinger in which	1		
SAWY 9. Industry of work of SAW in S	was done, as SILK MILL, MILL, BANK, atc.	Relied		
10. Date dece	easad last worked at cupation (month and 19	11. Total t	ime (years)	
	1,3		pation 50	Other Contributory Causes of Importance:
12. BIRTHPLACE	(city or town) Walke	rsville		D. J. T. Marketter C. Marketter
(State or c		yland		Where schrow
13. NAME	Joseph Gro	ff		
13. NAME	CE (city or town) New	Holland	i, la.	Name of operation X Date of X
(State	or country)	ennsylva	ania	What test confirmed diagnosis? Alema Mas there an autopsy? N
15. MAIDEN	NAME Susan S	mith		23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN I	CE (city or town) WQQ	dsboro		Accident, suicide, or homicide? Date of injury, 19
₹ (State	or country) Mar	vland		Where did injury occur?
	201 - 27 - 1			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Frederick.	Marvlan	đ	
18. BURIAL, CREMATION, OR REMUVAL W. C. C			oe.	Manner of injury
Place Frederick, Md. Date Aug. 29,1937			· 29 ₁₉ 37	- Natura of Injury
	C. E. CLINE	& SON		24. Was disaase or injury in any way related to occupation of decaased?
19. UNDERTAKER (Address)		Mount	nd	If so, spacify M Gra
2 4	01-11 1	200	Jan And	(Signad) / / / / Much M.
20. FILED.	103/10	~ \. IN	Registrar.	(Address) It healthigh me
	If mor	e blanks are needed.	address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I			Example II	1	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	CECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	GEP 6 1937	July 5,1927	Perilonitis	3 days ago	
	BUBLAN V. S.	1			
Other contributory	causes of importance:	1	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

FOR BINDING

MARGIN RESERVED

V. S. No. 1

	STATE C	F MARYLA	ND-	CERTIFICATE OF DEATH	8813
1. PLACE O				(75)	39
County	marren			Registration Dist. No.	م الح
Village or C	ity Actualy	Town	(If	NoSt., death occurred in a hospital or institution, give its NAME instead of street a	Ward
Length of resi	dence in city or town where	death occurredyrs.	mos	ds. How tong in U.S. If of foreign birth?yrs	_mosds.
2. FULL NA	ME Hanan	racen Nac	ulto	in .	
(a) Residen	ce: No			St., Ward.	
		(Usual place of abode		If nonresident give city or town	
	IAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	1
male male	4. COLOR OR RACE.	or by orced (write	tha, word)	21. DATE OF DEATH aug 7th (Month) (Day)	, 193 / (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Cluxnown				22. I HEREBY CERTIFY, That I attand	ded dacaased from
& DATE OF BIRTH	(month, day, and year)	uknown	•	t last saw h im ativa on aliva of the 193	7: death is said
7. AGE. Yea			LESS than	to have occurred on the dete stated above, at 3.43 Pm.	7-1
0.0	et 0	ог	/,hrs. min.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:	Date of onset
8. Funde, profer kind of v SAWYER. 9. Industry or work wa	ssion, or particular work dona, as SPINNER, BOOKKEEPER, etc	he (nown)	acute alle holismo	aug 7
9. Industry or work was	business in which s done, as SILK MILL, LL, BANK, etc	*********		Browling office of did with	
SAW MII 10. Data daceas this occu year)	ad tast worked at pation (month and	11. Total time (yee spent in this occupation	ers) s	inin.	
12. BIRTHPLACE (ci		the Carolin	ia	Other Contributory Causes of Importance:	
(Stata or cou	IP of Lor and	Hamilton)		
Ξ	, caraca	0			
14. BtRTHPLACE	(city or town)			Name of operation	1
	70 11	untes.		What test confirmed diagnosis?	
16. BIRTHPLACE	(city or town)	?,	~~~	23. If death was due to externel causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Date of Injury	
(31816.01	r country) We Richard H. adams	Α	www.	Where did injury occur?(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMAT		J. Date Clery - 8	L 1037	Manner of injury	
19. UNDERTAKER	Porgello al	baugh	/	24. Was disease or injury In any way related to occupation of decaased?	no
(Address)	- 71	D. Wife	Man- Registral.	(Signed) Atis B. Store (Address) Aiberly town	
-	If more	blanks are needed, address S		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Chronic interstitial nephrits	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG S	July 5,1927	Peritonitis	3 days ago
MERICAD			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) MEDICAL CERTIFICATE OF DEATH ERTIFY, That t attended daceased from The PRINCIPAL CAUSE OF DEATH end related causes of importance Date of onset ----- Was there an autopsy?_ 23. If death was due to extarnal causes (VIOLENCE) fill In also the following: (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 24. Wes disease or injury in any way related to occupation of deceased?

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Chronic interstitial nephritis FP 4 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			<u> </u>	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

That I attended daceasad from

Date of onset

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Chronic interstitial neglitities CEIVEU	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 0 1837			
		9	
Other contributors causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			H=1=1+/.13

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

0	(1	1	0
3	O	1	6

(If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? ______ yrs. ____ mos.__ If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY. That I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of Importance Dete of onset What test confirmed diagnosis?_____ Wes there an eulopsy?_ 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______19__ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury In eny way related to occupation of deceased?

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	Example I	11	Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 1007	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis O	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V S	July 5, 1927	Peritonitis	3 days ago
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	•			

V. S. No. 1

Exact statement of OCCUPA-

STATE OF	MARYLAND—CERTIFICATE	OF DEATH	8817
ATH	92		

1. PLACE OF DEATH	(93-c)
County Frederick	Registration Dist. No. 132-
Village or City Middletown	No. St We
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
1/	mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Emma Littuf	erIf U. S. Veteran, specify WAR
(a) Residence: No. M (& d. R. + 0 Mm. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDON	
Female White OR DIVORCED (write the windowe	vord) (144)
5e. If married, widowed, or divorced HUSBAND of	(real)
(or) WIFE of Tarah T Huffer	22. I HEREBY CERTIFY, That I attended deceased for
	193 0, to 193 790 , 193
5. DATE OF BIRTH (month, dey, and year) Feb. 4. 85 7. AGE Years Months Days If LESS	Jast saw h alive on death is s
7. AGE Years Months Days' If LESS 1 day,	The state of the s
8. Trade, profession, or particular	Date of on
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. HOUSEWIF	e Truly forming 150
9. Industry or business in which	Museuma 15
SAW MILL, BANK, etc	Chino Hayan
11. Total time (years) this occupation (month and 1937) spent in this	
year) occupation occupation	Dther Contributory Causes of Importence
12. BIRTHPLACE (city or town) 17. Middle town (State or country) Fred K Co.	Jeffeld Jemmy
13. NAME Samuel Shafer	1 1 1 1 1 1 1 9 4
	- Francis January 153
(State or country) 14. BIRTHPLACE (city or town) Mr. Middleton (State or country)	Name of operation
15. MAIDEN NAME Louise Kephart	What test confirmed diagnosis? Was there en eutopsy!
	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) IV MI dd 1/2 fow (Stete or country)	Accident, suicide, or homicide?
C L CC	(Specify city or town, county and State)
17. INFORMANT CATTLE TUTTET	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Middletown.	Manner of injury
Place Linth, Lemetery Date Aug 22,1	
19, UNDERTAKER Play hill 6	24. Wes disease or injury In eny way related to occupation of deceased?
(Address) maddleton	If so, specify
20. FILEDELL 9. 22, 19 BT / From Car	(Signed) Tranh A My M
20. FILED Region	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

	ECOL	PH	Kact	
5	EN	TIL	ied. E	
INDIE	ERMAN	EXAC	classif	di.
MAKGIN RESERVED FOR BINDING	-WRITE PLATALY, TH UNFADING INK-THIS IS A PERMANEN RECOFF	mation should be carefully supplied. AGE should be stated EXACTLT. PHY	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	TION is very important. See instructions on back of certificate.
ED	[SIH]	d be s	y be p	k of ce
SERV	INK-1	shoule	it ma	on bac
N KE	DING	AGE	so that	ctions
AKGI	UNFAI	pplied.	terms,	instru
≊ 	H	ully su	plain	it. See
	YLY,	e caref	ATH in	nportan
	PLAT	plnoh	OF DE	very in
	VRITE	ation sl	AUSE	si NOI
	1	m	Ü	E

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8818
1. PLACE OF DEATH	
county Huderick	Quita An Registration Dist. No. 131
Village or City May Fuedench	NoSt.,Ward
Langth of residence in city or town where death occurred . St. yrs Z mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Charles 6. 18 light.	If U. S. Veteran, specify WAR
(a) Residence: No. The dericle, Md P 7,103	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Month) (Day) (Year)
5a. If marriad, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended decaesed from
4.1 1561	1925, to 204 1, 195)
6. DATE OF BIRTH (month, day, and year) FULL 13 - 1886 7. AGE Years Months Days If LESS than	I last saw h alive on Grand D. 197; death is said
1 day,hrs.	to have occurred on the date stated above at 1 - 47 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
0 / Ø. Ormin.	were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Clercinama of Stomack 1936
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date daceased last worked at this occupation (month and	
10. Date daceased last worked at this occupation (month and yaar) yaar)	
	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Mary Canal (State or country)	Kan Renten
13. NAME John / Please.	and the same
13. NAME John Plujas. 14. BIRTHPLACE (city or town) - Manual Control of the Cont	Name of operation Date of
(Stata or country), Maryland.	What tast confirmed diagnosis?Clenacis Was there an autopsy?
15. MAIDEN NAME Sola Fr. Wart.	23. If death was due to external causas (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Margaret / Light. (Address) Facilities Md.	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place South. Com. Date aug. 23, 1937.	Nature of injury
19. UNDERTAKER Smod Funnal Home.	24. Was diseasa or Injury In any way ralated to occupation of daceasad?
20. FILED 22-Oug., 1937 Meul.	(Signad) He Remand Lahrey M. D. (Address) Helderch most
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

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Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis CED 6 1007	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
! BURFAIL V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

1. PLACE OF DEATH	——————————————————————————————————————
County Frederick	Registration Dist. No. 131
Village or City TIT our terruse	No. Emeration Hospitale Ward
(If	death occurred in a horpital or institution give its NAME (stead of street and number)
9	ds. How long in 0.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME MYS Mayma Landis	1
(a) Residence: No. 2 3 3 Chrod 4 Th St. Sue device	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Female White married	(Month) (Day) (Year)
5a. If married, widowad, or divorced	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of C. R. Landis	Qua 16 1937, to any 20 , 1937
6. DATE OF BIRTH (month, dey, and year) Retover 2.1881	I last saw her alive on aug 19 1, 1927; death is said
7. AGE Yaars Months Days If LESS than	to heve occurred on the date stetad above, al. 1.3.0 m.
55 4 18 18 18 or	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trada, profassion, or perticular kind of work dona, as SPINNER,	Date of onest
SAWYER, BOOKKEEPER, etc.	Chrome myo condition and 1:
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
U 10. Date deceased last worked at 11. Total tima (yaers)	1
o this occupation (month and 1932 spent in this 35	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	Other Country Cases of Importance.
(State or country) / Manyland	Befor Templegia 1934
13. NAME John Bedrett 14. BIRTHPLACE (city or town)	
14, BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmad diagnosis?
15. MAIDEN NAME Nancy Krosses 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stata or country)	Accident, sulcide, or homicide?
74: 0 0 :41	Where did Injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Meas attractify smith	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL MAJO COST COM	Manner of Injury
Place Frederick, MD Data 8/22, 1937	Natura of injury
19. UNDERTAKER MINISTER	24. Was disease or injury in any wey related to occupation of dacased? 200
(Address) 4 10 Louds, Mg	If so, specify
20 FILED 20 aug 1937 Ina J. M. Sundy	(Signad) SOO Los M. D
Registran.	(Addrass) Fraderick, led
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SEP 6 1937			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	
Causiones	May 1,1925	Gastroenteruis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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BINDING

RESERVED

MARGIN

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE O	F DEATH			(23)	
County	Frederi	ck,		Registration Dist. No. 13	9
Village Dr (City State Si	anatoriu death occurred]	ım, Md. (lf yrs 9 mos	No. St., Geath occurred in a hospital or institution, give its NAME instead of street and 7. ds. How long in U.S. if of foreign birth?	ward mumber)
2. FULL NA			-	If U. S. Veteran, specify WAR	
(a) Reside	nce: ND. ROG	(Usual place	Montgome of abode)	ry StGo. Ward. Mary land. If nonresident give city or town and	l State
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE White		RfED, WfDOWED. D (write the word) O C	21. DATE OF DEATH Aug. 11 (Month) (Day)	., f937 (Year)
5a. If married, wido HUSBAND of (or) WIFE of		mes Mayf	ield	22. I HEREBY CERTIFY, That I attended NOV. 4 ,1935, to Aug. 1:	
7. AGE Ye	(month, day, and year) ears Months 3 11 ession, or particular	Sept. 5	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 11.50 m. M. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
SAWYEI 9 Industry or work wi SAW MI	work done, as SPINNER, R, BOOKKEEPER, etcA business in which as done, as SILK MILL, ILL, BANK, etc sed last worked at	11. Total t	ime (years) nt in this 2Yrs	Pulmonary Tuberculosis Other Contributory Causes of importance:	Aug. 1933
(State or con		Marylar			
4.	Wallace E (city or town)	Connell		Name of operation none Pos Sput Pathof— What test confirmed diagnosishest—X—Ray—Was there an	autopsy?
	E (city or town)	Marylar Mayfield	d.	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, sulcide, or homicide? Date of injury Where did injury occur? (Specify city or lown, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	g: , 19
18. BURIAL, CREMA	TIDN, OR REMANDINES ON THE MENT OF THE MEN	mery Co	own ,19	Manner of injury	
19. UNDERTAKER (Address)	M.L. Cre Thurmon			24. Was disease or injury In any way related to occupation of deceased?	fer m. D.

V. S. No. 1

-WRITE PLAI

TION is very important.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			WI AT THE

ń	S. No. 1	MAKGIN	KENEKVE	D FOR	MAKGIN KESEKVED FOR BINDING
-	BWRITE PLAINLY, WH UNFADING INK-THIS IS A PERMANENT	H UNFADE	NG INK-TH	A SI SI	PERMANENT
1	mation should be carefully supplied. AGE should be stated EXACTL	y supplied.	AGE should	be stated	EXACTL
T	CAUSE OF DEATH in plain terms, so that it may be properly classified.	ain terms, so	that it may	be proper	rly classified.

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH County Frederick					Milho.	95-6	Registration I	Dist. No.	31	
		ity Fred			(II 20 _{yrs} mos	No. No. death occurred in the last the	N Mar pepital or institu of In U.S. if o	tion, give its NAME	St. Linstead of street	and number)
2	FULL NA	ME Wi	lliam	McCrack	en	If U.	S. Veteran,	specify WAR	Vone	
GENERAL		ce: No.		(Usual place		St.,v	Vard.	If nonresident (give city or town	and State
		1		ICAL PART	ICULARS			ERTIFICATE	OF DEAT	Н
	Male White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word Widower			(write the word)	21. DATE OF	DEATH	August	25th (Day)	1.a., 193. 7 (Yaar)	
5a.	If merried, widow HUSDAND of (or) WITE W		ra Sta	aub		22. I HEREBY CERTIFY, That I attended deceased fro				
6. E	ATE OF BIRTH	(month, day, ar	nd yaer)	Inknown		I last saw h_im	Dive on D			; daath Is said
7. /		0?	Months	Days	If LESS than I day,hrs. ormin.			d above, at 9:15 'H and related ceusa		Date of onset
OCCUPATION	9. Industry or business in which work wes done, as SILK MILLCentral Resturant SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (month and 8725 spent in this occupation 5				Other Contributory	Causes of Impo	ortanca:	•••••••		
12.	(Stata or cour		Mar	vland						
ER	13. NAME U	nknown	1							
13. NAME Unknown 14. BIRTHPLACE (city or town) (Steta or country) Unknown					Name of operation Date of Whet test confirmed diagnosis? Was there an autopsyring					
HER	15. MAIDEN NAME Unknown				23. If death was due to external causes (VIOL ENCE) fill In also the following:				owing:	
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) (State or country) Unknown				Accident, suicide, or homicide?						
	(Address)	Freder	ick,	IcCracke Marylan	d	Spacify whethar inj	ury occurred in	n INDUSTRY, In HOI	ME, or In PUBLI	C PLACE.
18.	Place Pre	derick		Olive	t Cem. 28, 19 37	Manner of Injury	-			
19.	UNDERTAKER	M. R. Freder	Etchi	son & S Marylan	on.	24. Was disease or i				17 200

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	Į.		(F) (F)	
The second secon				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			PARTY IN	

V. S. No. 1 m.

RD. Every item of infor-

1. PLACE OF DEATH	(#.D)
County Fredericks / O.	Registration Dist. No. 13
	No. No. St., Ward seath occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidenca In city or town where death occurred	Land de l'How long in U.S. if ol foreign birth?yrsmosds.
(a) Residence: No. 28 & 4 Ch St	St., Ward. 28 East of 15 St. Julik Mil
PERSONAL AND STATISTICAL OF ARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
female white OR DIVORCED (write tha word)	(Mg/th) (Day) (Year)
(or) WIFE of alpha Miller	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) San 34, 1871	I last saw hale alive on Caling 2 , 4937; daath is said
7. AGE Years Months Days If LESS then	to have occurred on the data stated above, at 8 2 m.
66 6 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceasad last worked at this occupation (month end	Carcinomia of 1937
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	recture with
10. Date daceasad last workad at this occupetion (month end 4/37 spent in this occupation 3 9	obstanction 1 170419
12. BFRTHPLACE (city or town) Prederick (State or country) Marchand	Other Contributory Causes of Importanca:
W 13. NAME William Hasper	
13. NAME William Hasple 14. BIRTHPLACE (city or town) Streeleich (State or country) Marcelone	Name of oparetion
15. MAIDEN NAME Mazy yew pact	23. If daath was due to external causes (VIOL ENCE) fill in elso tha following:
16. BIRTHPLACE (city or town) The delevel has	Accidant, suicide, or homicide?
X (State or country) Maryland	Whare did Injury occur?
17. INFORMANT 6 vangeline Lice (Address) Americanic Hacket	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OREMATION, OR REMOVAL PIECE MT. Clinet Compate Lura 4, 195	Manner of Injury
19. UNDERTAKER M. R. Slothian Atom (Address) Trederick, Mid.	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED 3 aug , 1937 Lea J. W. Gudy Registrar.	(Signed) BONIO M. D. (Address) Transferring Und
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Ex	cample I	i	Example II	
The principal cause of dea of importance were as follows:	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	or an experimental an extra high large results and the design of the large results and the large results are the large results are the large results are the large results and the large results are t	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	TELEIAI	1921	Run over by street car	1 week ago
Cerebral hemorrhage	0 100	July 5, 1927	Peritonitis	3 days ago
	SEP o Tag			
	WITTERAU V.	S.		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No.

OCCUPA.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Arteriosclerosis	1 1	The principal cause of death and related causes of importance were as follows: *Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 0 1931	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STAT	EMENTS BY PHYSI	CIAN
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PHYSICIANS should state Exact statement of OCCUPAstated EXACTL properly classified. certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be See instructions on back of supplied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLA	CE OF DEA	тн			(31)
· County Frederick					Registration Dist. No. 131
Village or City Yellow Springs					No. Yellow Springs St Wa
Lengt	th of residence in ci	ity or town where de	ath occurred_5	(II) Qyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
		ylvester			If U. S. Veteran, specify WAR None
		Yellow S			St., Ward.
		ID STATISTIC	No. of the second second		If nonresident give city or town and State
3. SEX		-		RIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Male		ite		(write the word)	August 29th, 193 7
HUSBAI	d, widowed, or divo				
(or) H	Har Mar	garet Ca		e Bitzen-	22. I HEREBY CERTIFY, That I attended deceased fr
6. DATE OF	BIRTH (month, day	y, end year) Jul	y 9. 1	berger 857	Hast saw h im and August 29 1937 death is s
7. AGE	Yeers 79	Months 7.7	Days 20	If LESS than 1 dey,hrs.	to have occurred on the date stated above, at 6.2.3QP_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trad	e, profession, or p	1 1	20	ormin.	were as follows:
NO. S	and of work done, SAWYER, BOOKKEE	as SPINNER, Re	tired !	Farmer	Probable Cause of Dealth 3
Indu S	stry or business in work wes done, as S SAW MILL, BANK, o	n which SILK MILL,			was Bardiac Disease 162
DO Dato	deceased last wo	rked at	11. Total ti	me (vears)	Chronic mephritis, associated with 4000
this occupation (month and 6/27 spent in this 50 occupation occupation		it in this 50	Cardine disease. Cross. R.		
12. BIRTHPLACE (city or town)					Other Contributory Causes of Importance:
(State	e or country)	West Vi	rginia		Clasmus; Chronic, 6mas
13. NAM	E Sylv	rester Mc	SS		
L (HPLACE (city or to State or country)	West V	'irgini	a <u>.</u>	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIE	DEN NAME SUS	an (last	name	unknown)	23. If death was due to external causes (VIOLENCE) fill in also the following:
month of the contract of the c	HPLACE (city or to				Accident, suicide, or homicide? Date of Injury, 19
-1 (State or country)		irginia	9	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mr. Samuel Moss, (Address) Frederick, Maryland			Marylan	nd	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAP leasant Hill Com. Place Nr. Yellow Springes 8/31, 1937			ant Hi	11 Cem 31, 1937	Manner of Injury
19. UNDERTAKER M. R. Etchison & Son (Address) Frederick, Maryland			n & Son	n	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED 31- aug., 1937 Lea J. TTE Gurdy Registrar.					(Signed) And Doubone M
		If more bla	anks are needed, a		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

mation should be carefully

TION is very important.

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	and the second	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis CEIVED	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
SEP 6 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH

Length of residence in city actown where deeth occurred

(a) Residence: No.	(Usual place of abode)	St., Ward. If nonregident give city a town and S MEDICAL CERTIFICATE OF DEATH
3.SEX A 4. COLOR OR RACE	SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH (Nonth) (Qay)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE-of	Lorden	22. I HEREBY CERTIFY. That I attended d June 19. 1937 to any 4
6. OATE OF BIRTH (month, day, end year) 7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above 48:35 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	none,	were as follows:
work was done, as SILK MILL, SAW MILL, BANK, etc	II. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town Raamy (State or country) 13. NAME David M	ary	Other Contributory Canses of importance: Carchia Decomposali
14. BIRTHPLACE (city or town) Rdam (State or country)	noG, da,	Name of operation Date of What test confirmed diagnosis? Was there an ex-
15. MAIDEN NAME 16. BIRTHPLACE (city or town). While (State or country) Wars Franke	nour !	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State
17. INFORMANT (Address) 2 / 5 E Thirty St 18. BURIAL, CREMATION, OR REMOVAL PLOOP PLANT MURICIPALITY PLOOP PLOOP PLANT MURICIPALITY PLOOP PLOOP PLANT MURICIPALITY PLOOP PLOOP PLANT MURICIPALITY P	Freetrick M.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA Manner of injury Nature of injury
19. UNDERTAKER A BENGLE (Address) Settipling	a too	24. Was disease or Injury in any way related to occupation of deceased?
20. FILEO 5 aug, \$37 Ina	J. M. Sudy Registrar	(Signed) To Laurence Fahrey (Address) To Secure SA Fraction

STATE OF MARYLAND-CERTIFICATE OF DEATH Registration Dist. No. No. 2 1 2 St.,
(If death occurred in a hospital ginstitution, give its NAME instead of street and number) give city of town and State OF DEATH That I attended deceased from s of importance Date of onset --- Was there an europsy? In also the following: ate of injury_____, 19____

E, or in PUBLIC PLACE.

How long In U.S. if of foreign birth?.

20

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Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago	
BUSEAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:	1331	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—					CERTIFICATE OF DEATH	0046
17	County Frederick				Registration Dist. No.	131
		Frederic			No.127 South	St Ward
				(1	f death occurred in a hospital or institution, give its NAME instead of str sds. How long in U.S. il of foralgn birth?yrs	eet and number)
	. FULL NAME			yrsmo:		
2				4.	If U. S. Veteran, specify WAR none.	•••••
	(a) Residence: N	o. 127 W.	(Usual place	of abode)	St., Ward. If nonresident give city or to	own and State
	PERSONAL	AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEA	ТН
3. S		olor or RACE hite		RIED, WIDOWED, D (write tha word) er	21. DATE OF DEATH August 24th., (Month) (Day)	, 193 7 (Yaar)
5e.	If married, widowed, or HUSBAND of (or) WHEE of Id	a S. Cec	il		22. I HEREBY CERTIFY. That I a	
6. D	ATE OF BIRTII (mont)	a, day, and yeer)	Dec. 20.	1857		1937 : death is said
7. A		Months	Days	If LESS than	to have occurred on the data stated above, et 3. a. 1.5A.m.	
300	79	8	4	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importan were as follows:	Date of onset
N	8. Trede, profession, kind ol work d SAWYER, BDDI	or perticular ona, as SPINNER,R	etired F	armer		
OCCUPATION	9. Industry or busine	KKEEPER, atc			M semia	7 Clery
CUP	9. Industry or busine work was dona SAW MILL, BA	, as SILK MILL, NK, etc				
00	1D. Data decaasad last this occupation year)	(month end 7 Q	O S spei	Ima (yaars) nt in this 50 spation 50		
12.	BIRTHPLACE (city or to	wn) Maryl	and		Dther Contributory Canses of Importence:	
-1	(State or country)		-		Heat achanthan	2 day
FATHER	13. NAME Jeri					
FAT	14. BIRTHPLACE (city (State or count		Lanu		Neme of oparetion D	7.
2	15. MAIDEN NAME	Elva Mi	les		What test confirmed diegnosis? Was th	
MOTHER		Mar	yland		23. If death was due to external causes (VIDL ENCE) fill in elso tha f Accident, suicide, or homicide?	
O 16. BIRTHPLACE (city or town) (Stata or country)					Whara did injury occur?	
17. INFORMANT Mrs. Julius E. Murphy (Address) Frederick, Md.				hy	(Specify city or town, county Specify whether Injury occurred In INDUSTRY, in HDME, or In PUE	and State) BLIC PLACE.
18. BURIAL, OR REMOVAL Nr. Hyattstown Md Place Mt. Cemetery Date 27, 1937			r.Hyatts	An American Contract	Manner of Injury	*************
19. UNDERTAKER M. R. Etchison & Son. (Addrass) Frederick, Md.			ison & S	1	24. Was disease or injury In any way related to occupation of dacea If so, specify	sad? WO.
20.	FILED 2 y au		Mille	Mellegistrar.	(Signad) Assuranta (Address) Freduck 2 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	M. C

CICICAM

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Bile II W S				
Other contributory causes of importance:		Other contributory causes of importance:	B-115	
Gallstones	May 1,1923	Gastroenteritis	1 year	
The Mark Ray and the same and t				
		4\111		

	Pa	cher.	
	- te	STATE OF MARYLAND—	CERTIFICATE OF DEATH 8828
	7 5	1, PLACE OF DEATH	92.01
de	Sel So	County treesures	Registration Dist. No. J 3 1
X	sho of C	Village or City Frederick	No. 16 Scottle St., Ward death occurred in a horpitator institution, give its NAME instead of street and number)
	1 00		ds. How long In 2. S. If of foreign blrth?yrsmosds.
	Every CIANS cement	2. FULL NAME John Cayber,	If U. S. Veterate specify WAR None
	tD. Every YSICIANS Statement	(a) Residence: No. 0/6 5. Benty Stud	St., Ward.
		(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give eity or town and State MEDICAL CERTIFICATE OF DEATH
	Exact	3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH & 1/th
		male Colned OR DIVORCED (write the word)	(Month) (Dey) (fear)
SN	NEN CTL	5a. If marriad, widowad, or divorced HUSBANO of	
BINDING	RMANEN X A C T I classified	(or) wife of Laura & Sulaura	22. I HEREBY CERTIFY, That I attended dacessad from
NI NI	bount 6	6. DATE OF BIRTH (month, day, and year)	i last saw h aliva on aug / 1 1987; death is said
	IS A PE stated E properly certificate	7. AGE Yaars Months Days / If LESS than	to heva occurred on the data steted ebova, at 12.30 km.
FOR	IS A stated proper ertific	84 7 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were esfollows:
	HIS I be s be p	Trada, profassion, or particular kind of work dona, as SPINNER,	P 2
回	TH d d d b d b d b d b d b d b d b d b d	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9-industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and	remarac var vacca vas com
ER	K—T hould may back	work was dona, as SILK MILL, SAW MILL, BANK, etc	
RESERVED	INK E sh it it	10. Data daceased last worked at this occupation (month and 137 spent in this year)	
22	AGE that		Other Contributory Causes of importance:
Z	ADIN ed. A s, so t ructio	12. BIRTHPLACE (city or town) (State or country) Wayland	
MARGIN	UNFADING supplied. AGI n terms, so tha	13. NAME Marshel Jekkins	
MA	t to	14. BIRTHPLACE (city or town) Without (State or country)	Name of operation Dete of
	Hailly Siplain	[m] [m] [m] [m]	What tast confirmed diegnosis? Was there an autopsy
0	efu in ant.	T 15. MAIDEN NAME	23. If daath was due to extarnal causas (VIOLENCE) fill in also the following:
(1)	he carefu be carefu EATH in important	16. BIRTHPLACE (city or town) William (Stata or country)	Accident, suicide, or homicide?
		17 INFORMANT Mus. John Parker	(Specify eity or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	E PLA should OF D	(Addrass) 16. S. Benty Street	
	E W E	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	-WRITE mation s CAUSE TION is	Piece Farmeent Chipate 8 / 17/, 13/	Neture of injury.
1	ma CA TI	19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
S. No.	B	20 171.50	(Signed) (Signed) M. D.
Α.	z(I)	20. FILED . S. Ulia , 1987 . La J. Ul Ludy Registry.	(Address) Indexes Inf
		If more blanks are needed, address State Revistrar.	2411 N. Charlet Street Baltimore Requesting T. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II			
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of enset		
Arteriosclerosis	FOFIVED	1915	Attack of epilepsy	1 week ago		
Chronic interstitial ne	phrilis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	SEP 6 1937	July 5,1927	Peritonitis	3 days ago		
	RUPEAU V. S.					
Other contributory	causes of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTL H UNFADING INK-THIS IS A PERMANEN CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED B.-WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	220
1. PLACE OF DEATH ,	93-0	740
County Fredgrick	Registration Dist. No. 144	
Village or City / Cocky Loge	NDSt.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street and as	
2. FULL NAME I mais m Pla	ul	7
1011	Geto stand Ve	
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonesident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED; WIDOWED,	21. DATE OF DEATH	~
F OR DIVORCED (write the world)	(Minth) (Day)	193
5a. If married, widowed, or divorced HUSBAND of	(Day)	(1041)
(or) WIFE of R IV oy lank	HEREBY CERTIFY, That I attended d	ecaased from
102010 1778	Xeed ou arrival	, 19
6. DATE OF BIRTH (month, dey, and year) Color & S	I lest saw hallye on	; death is said
6-8 9 2 1 1 day,hrs.	to have occurred on the date steted above, at LCm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance	
8. Trede, profession, or particular	ware as follows:	Date of onset
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	a. D. Levet at all of	and 13
9. Industry or business in which	In and	1937
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this coveraging (month and	<i>y</i>	
O 10. Date deceased last worked at this occupation (month and year) year) II. Totel tima (years) spent in his occupation (coupetion)		
TO DIDENIA OF City of Arts	Dther Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (Stete or country)	pl 1801 to	7
I 13. NAME John E Plank	mout my a district	
14. BIRTHPLAST (city or town)	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an eu	ıtopsy?
15. MAIDEN NAME GORELL C Reveliant	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT AND COLLYD LIBERTY AND COLLYD LIBERTY	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR RIMOVAL	Manner of Injury	
Placa Sellighura ta Data My 19, 1937	Nature of injury	->
19. UNDERTAKER STANDERS POR	24. Was disease or injury in any way related to occupation of deceased?	20
(Address) deliporing	If so, specify	
20. FILED Ling 13, 19.37 Arman Me Jones	(Signed) (Address) (Address)	no.
76 /11		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	1	Example II			
The principal cause of importance were a Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset		
Chronic interstitial nephritis SEP 3 1997		1921	Run over by street car	1 week ago		
Cerebral hemorrhage	201 0 1001	July 5,1927	Peritonitis	3 days ago		
	BUREAU V.S.					
Other contributory	causes of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

V. S. No. 1

1. PLACE OF DEATH		May 9400
County Frederick Village or City Frederick	(1	Registration Dist, No
2. FULL NAME Elmer Ch	arles Railing	If U. S. Veteran, specify WAR NONE
(a) Residence: No. 224 Dil		
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH August 31, 1937 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Margaret V	. Crebbs	I HEREBY CERFIFY, Thet I attended deceased from 130, to 0.004, 31, 193
6. DATE OF BIRTH (month, day, and yeer) Jul 7. AGE Yeers Months	Days If LESS than	I last saw h_im alive on3(, 19.5_; deeth is s to heve occurred on the date stated eboy, at_5:40_m, . M.
8 Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	aftsman	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Data of one of the principal
year) 8/3/	11. Total time (years) spent in this occupation 35	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) Mar	yland	
🖺 13. NAME Christian Rai	ling	
H 13. NAME Christian Rai 14. BIRTHPLACE (city or town) (Stata or country) Maryl	and	Name of operation Dete of Was there an autopsystem.
15. MAIDEN NAME Margaret N 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mr. George W (Address) 102 West Thi	ryland Ilcoxon	23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAE Mt. (Place Frederick, Md.	livet Cem.	Menner of injury
19. UNDERTAKER M.R.E. chison (Address) Frederick, Mc	& Son	24. Was disease or injury in eny way related to occupation of deceased?
20, FILED 1- Sept., 19.37 La	Registrar.	(Signed) (Address) (Address) (Address) (Address) (Address) (Address V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis & E C E V E	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SFP 0 1837			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		A	

1. PLACE OF DEATH	10.6
County Trederick:	Registration Dist. No. / 4
	NO. St., Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 32 yrsmos	sds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Dennis Dorsey Howard	reek.
(a) Residence: No. 71 4 any md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH My (March) (Day) , 193 7
If married, widowed, or divorced HUSBAND of	(Veal)
(or) WIFE of Ina Viele.	22. I HEREBY CERTIFY, That I attended deceased fr
4 61011	Hast saw have alive on August 12 1937 death is
AGE Years Months Days If LESS than	I last saw h alive on August 1937 : death is si to have occurred on the date stated above, et. 7:00 m.
7/6 2 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were es follows:
kind of work done, es SPINNER, Farmer.	
2 Industry or business in which	Cardia Insforcing
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month and spent In this spent In this	
year)	Other Contributory Canses of importance:
BIRTHPLACE (city or town) Frederick Co	Other volumery causes of importance.
(State or country) md.	
13. NAME Teromiah Ocele.	
14. BIRTHPLACE (city or town)	Name of operation
(State or country) Md.	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Que tara Engle	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(Stete or country) Ma.	Where did injury occur?
(Address) mx aug mot	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Teneger Centy Date august 14, 1937.	Nature of injury
UNDERTAKER Co.M. Waltz (Address) Armfield md	24. Was disease or injury in any wey related to occupation of deceased?
FILED aug 13, 19.37 achele R. Moloword	(Signed) Mestan S. Reason M. M. (Address) M. Larry M. M.

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E	cample I		Example II	
The principal cause of dea of importance were as follows:	th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	CEINE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	REV	July 5, 1927	Peritonitis	3 days ago
	Jan 1	- 11		
	50	5. 18		
Other contributory causes	of importance:	للتستست	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				141

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—

1. PLACE OF DEATH			82-03		12	7
County Triderie				Registration	Dist. No.	-/
Village or City & Work	y town	No.	urred in a hospital or instit	lution size is NAMI	St.,	War
Length of residence In city or town who	re death occurred 21 yrs		ds. How long in U.S. if			
2. FULL NAME Mar	1- Elizaba	185 Ach	penglow)			
ZI TOLL NAME		No No No				
(a) Residence: No.	(Usual place of abode	St.,	/Ward.	If nonresident	give city or town an	d State
PERSONAL AND STATIS	STICAL PARTICULA	ARS	MEDICAL (CERTIFICATE		
SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, V	V100WED, 21. D	ATE OF DEATH	0	A.	
timale White	OR DIVORCED Swrite	the word)		Mug	16"	., 193
. If married, widowed, or divorced	1)			(Month)	(Oay)	(Meer)
. If married, widowed, or divorced HUSBANO of (or) WIFE of		22.	IHEREB		Y. That I attended	
	n, ly	- Cu	ig 11,0	., 19.3.7., to	Guy 16	19.
DATE OF BIRTH (month, day, and yeer)	Uct - 26 - 1	1884 I last s	elive on	Cury 10	19.3	Z_; deeth is se
AGE Years Months		and the second	occurred on the date state	0.	/- m .	
52 9	or	I HE E E	RINCIPAL CAUSE OF DEA is follows:	ATH end releted ceus	as of importance	Oate of ons
8 Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Mires)		3	w.t	A	
9. Andustry or business in which	1001-00		moral.	NEMOTT	hag 2	aug
work was dona, as SILK MILL, SAW MILL, BANK, etc					<i>U</i>	
10. Dete decaesad last worked at	II. Totel tima (yas	ars)				
this occupation (month and 19 year)	/6 spent in thi occupation	3 4				
m	do	Other	Contributory Causes of imp	portance:		
2. BIRTHPLACE (city or town) (Stete or country)	·····	>	the to estere	(ion)	****************	1933
13. NAME Thehare	OC. Sakke	rectar	14/1000			1,700
2	ndo	Name	V		D	
(Stete or country)			of operation est confirmed diagnosis?		Data of	
15. MAIDEN NAME Lavero	Jarroth		eth wes due to axternal ca			
I C DIDTUDI ACT ()	md)		nt, suicide, or homicide?			
[16, BIRTHPLACE (city or town)(Stete or country)			did injury occur?		bate of injury	, 15
4.1. 9	- husenen		whether Injury occurred	(Specify city or	town, county and Sta	ate)
(Address) The his	THE MELD	opecity	whether mjury occurred	m moostki, m no	me, or in robeit ri	LAUC.
BURIAL, CREMATION, OR REMOVAL	~	Menne	r of injury			
Place St. Pelers Cernel	ery Dete alecq 18	10.37	of injury			
Davido 1	-40B- 10	/		way salated to a	- Air 5 4 **	m
(Address)	Foreign (diseasa or injury in any	wey releted to occupa	ation of deceesed?	
C - t	000	(5	specify Ofus	13. DF0	me	
). FILED 116, 16, 1931	1-11 10 Wish	ulaen 13	151104)	7-7-0-	www. 7	Z- / M.

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Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis SP 4 1931	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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County. Village or City. Ward Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town and State PERSONAL AND STATISTICAL PARTICULARS S. SINGLE, MARRIED, WIDOWED, OR DIVORCED OWN Chewith the word. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED OWN Chewith the word. S. Lith married, widowed, or divorced or Divorced Or Divorced Own	1. PLACE OF DEATH	(50)
Length of residence in city or town where death occurred 12, yrs. S mos. 2.3 ds. How long in U.S. if of foreign birth? mes ds. 2. FULL NAME Solution Representation of the state of street and number) (a) Residence: No. (Usualpiace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED, OR DIVORCED (write the word) OR DIVORCED (write the word) Formula Windowd, or divorced (you husted) HUSBAND (Wood) 4. DATE OF DEATH 7. ACE Years Months 1 A DAY 1 A LESS than 1 L	County Frederick	Registration Dist. No. 147
Length of residence in city or town where death occurred 1.7. yrs mos ds. 2. FULL NAME Color or recovery and State St., Ward. (a) Residence: No (Unusiplace of abode) St., Ward. FERSONAL AND STATISTICAL PARTICULARS 3. SEX		
2. FULL NAME Golff Romand Schild His System Control of the Contributory Causes of importance (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARKIED, WIDOWED. OR DIVORCED (usuit the word) 5a. If married, widowed, or divorced HUSSEN, MARKIED, WIDOWED. OR DIVORCED (usuit the word) 5a. If married, widowed, or divorced HUSSEN, Months 5a. If married, widowed, or divorced HUSSEN, Months 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 1 (LEST han 1 of Lest deceeded deceased from the Association of perticular to have accurred on the date stated ebody at the Association of the Association		
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Se. If married, wildowed, or divorced HUSBAND HUSBAND AND AND AND AND AND AND AND AND AND	CA-11 0 ' d.	111-
PERSONAL AND STATISTICAL PARTICULARS S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) So. If married, widowed, or divorced House of Copy Wife of Copy of Cop		Ct Word
3. SEX 4. COLOR OR RACE Wilder S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wilson Day Worker Day Worker Day Da		
Sender of Divorced (write tha word) 5a. If married, widowed, or divorced HUSBAND of (or) Wife o	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of Single 22. I HEREBY CERTIFY. That I ettended deceased from All 19.3 7 to Other 2.5 19.3 7. S. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I dayhrs. ormin. **The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: **The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: **The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: **Date of onest **The PRINCIPAL CAUSE OF DEATH and related causes of Importance **The PRINCIPAL CAUSE OF DEATH and related causes of Importance **The PRINCIPAL CAUSE OF DEATH and related causes of Importance **Date of onest **The PRINCIPAL CAUSE OF DEATH and related causes of Importance **Date of onest **Date of onest **Date of onest **The PRINCIPAL CAUSE OF DEATH and related causes of Importance **Date of onest **Date of onest **Date of onest **The PRINCIPAL CAUSE OF DEATH and related causes of Importance **Date of onest **Date		aug 26, 193 7
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trada, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SPINNER, SAW mill. BANK, etc. 10. Data daceasad last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. Manual Control of the date stated ebo@, at A	HUSBAND of	22 I HEDERY CERTIEV That I attended deceased from
7. AGE Years Months Days If LESS than 1 day. hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: 8. Trada, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceasad last worked at this occupation (month and year) occupation corupation (corupation) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stee or country) 16. BIRTHPLACE (city or town) (Stee or country) 17. MAIDEN NAME 18. Trada, profession, or perticular day, min. 19. Date of min. 19. Date of min. 10. Paraylad 11. Total time (years) Spent in this occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) Was there an autopay? 23. If dasth was due to external causes (VIOL ENCE) fill in elso tha following: Accident, suicide, or homicide? Date of Injury Nere did injury occur? (Specify city or town, country and State)	(or) WIFE of Jungle	16
S. Trada, profession, or perticular kind of work dome, as SPINNER, SAWYER, BOKKEFPER, etc. S. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. S. May MILL, BANK, etc. S. Was MILL, BANK, e	6. DATE OF BIRTH (month, day, and year) Dag 3 _ 1924	1 last sawh en alive on Qua 150, 1937; death is said
8. Trada, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work work done, as SIK MILL, SAW MILL, BANK, etc. 10. Data daceasad last worked at this occupation (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. Marchard 18. Trada, profession, or perticular were as follows: Planting and teased dasass of importance were as follows: Planting and teased dasass of importance were as follows: Date of onset Were as follows: Planting and teased dasass of importance were as follows: Other Contributory Causes of importance: Name of operation. Date of operation. Date of operation. Whet test confirmed diagnosis? Was there an autopsy? 23. If daath was due to external causes (VIOLENCE) fill in elso tha following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State)	TOTAL TOTAL STATE OF THE STATE	
8. Trada, profession, or perticular kind of work dona, as SPHNNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and year) (Stata or country) 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. MAIDEN NAME 18. Trada, profession, or perticular kind of work dona, as SPHNNER, SAWYER, BOOKKEEPER, etc. 19. Industry or business in which work work we done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation. Other Contributory Causes of importance: Where diagnosis? Was there an autopsy? 23. If dasth was due to external causes (VIOLENCE) fill in elso tha following: Accident, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and State)		was as fallows
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	8. Trada, profession, or perticular kind of work dona, as SPtNNER,	- D L. D 1.4.
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	SAWYER, BOOKKEEPER, etc.	R-Kennatic ludo Candelis Jan. 3
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	SAW MILL, BANK, etc. 2200	
Other Contributory Causes of importance:	10. Data daceasad last worked at this occupation (month and spentin this	
12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 16. BIRTHPLACE (city or town) (Stete or country) (Stete or country) Where did injury occur? (Specify city or town, county and State)		Other Contributory Causes of importance:
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What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Prode Remarkable Remarkab	I 13. NAME // Cleonard Sepulati	
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Specify city or town, county and State)	14. BIRTHPLACE (city or town) Usary Kerra	
(Specify city or town, county and State)	A	
(Specify city or town, county and State)	E CONTINUE TO COMMENT	
(Specify city or town, county and State)	(Stete or country)	Where did injury occur?
17. INFORMANT Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL A Manner of injury	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placal 13 Carrieting Date Wary 29, 1937 Natura of injury	Place (16) Carrietory Date Wary 29, 1937	Natura of injury
19, UNDERTAKER Willfiede & Concessed? No	19. UNDERTAKER Killfride & Browner	24. Was disease or injury in any way related to occupation of deceased? 760
(Address) Thursoft If so, specify.		
20. FILED Wing 29, 1937 anna M. Jones (Signed) James Thay M. D.	20. FILED Using 29, 1937 Jama M. Jones	(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago
	1921	Run over by street ear	1 week ago
Cerebral hemorrhage SEP 3 1997	July 5,1927	Peritonitis	3 days ago
HUREAU Y.			
Other contributory causes of importance:		Other contributory causes of importance:	THE WAY
Gallstones	May 1,1923	Gastroenteritis	1 year

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Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
GEP 6		TARREST DECEMBER OF THE PARTY OF	
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		things while this	
Children Control Contr			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I			Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	SEP 4 1997	July 5, 1927	Perilonilis	3 days ago
	BUDGAU V. S.	12		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				Control III
				1

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	Example I	Į.	Example II		
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Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SEP 6 1937	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				100	

Registrar.

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(Address)

O TO	Registration E	Dist. No. 13	
No. 488W5So		St.,	Ward
ds. How long in U.S. if of			
Marie Seteran specif	y WAR W	0	
St.,Ward.	If nonresident of	ive city or town an	d State
MEDICAL CE			d Diale
21. DATE OF BRATH	(Month)	9 9 (Day)	, 193_7 (Year)
Aug 1,	II and related cause	29 2 m 193.7	, 19.3.7
Name of operation	ses (VIOLENCE) fill	Date of Date of Date of Date of Date of Injury	eutopsy? 40
Manner of injury			MD

V. S. No. 1

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TION is

20. FILED 30-Clu

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 6 1931			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year
			,

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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LION

(Address)

OCCUPA-

should

1. PLACE OF DEATH

	County		succe.			
	Village or C	ity	Dun	wick)	
	Length of resid	dence in city	or town where	death occurred	угѕ	
2	. FULL NA	ME C	rarles	Mi	lley	Dr
	(a) Residence	e: No2	06	7 th a	vedu	<u> </u>
	PERSON	AL AND	CTATICT		ce of abode)	
2 1	SEX		OR RACE	ICAL PAR		
3.	Male	4. COLOR	V RACE	S. SINGLE, M. OR DIVOR	CED (write th	
5a.	If merried, widow HUSBAND of (or) WIFE of	ed or divorc	ed sabet	2. Sr	with	
6. 1	DATE OF BIRTH (month, day,	and year)	une 2	1. 18	63
7.	AGE Year	rs	Months	Days	If LE	SS that
1	17		- 1	1 2/	or	_min.
OCCUPATION	10. Dete decease	done, as SIL L, BANK, etc	LK MILL,	251 s	I time (years)	21
12	BIRTHPLACE (cit		Va. 1	2007	coupation	- Grade
14.	(State or coun		4-5-00-00	Oles	FOUNT	4
ER	13. NAME	Jame	is Wi	lliam	Smil	
FATH	14. BIRTHPLACE (State or		n) Ban	lous C	I Va	
MOTHER	15. MAIOEN NAM	ME Mil	dred I	ee a	Inalo	Lin
MOM	16. BIRTHPLACE (State or		n)	shour,	Com	dy.
17.	INFORMANT(Address)	Mrs. 7	Slis	abeth.	Smith	M
18.	Place Place	Height	& Genell	Moste au	19	. 19.3
	120	No P	THE ME	200	1	,

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. / U (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U. S. If of foreign birth?______yrs._____mos. If U.S. Veteran specify WAR..... If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH to heve occurred on the date stated above, at 1 day.____hrs The PRINCIPAL CAUSE OF DEATH end related causes of importance Date of onsat 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury If so, specify

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SEP 4 1937			
Other contributory causes of importance: 3.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1 - 1 /A 11	STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH	8833
1. PLACE O	F DEATH	1.		210-m	
County	Treduce	h		Registration Dist No. 18	1
Village_or (city Fred	wich		No. Frederick City Hospet	Ward
A Land			(H	death occurred in a hospital of institution, give its NAME instead of street as	nd number)
Length of res	idance in city or town where	daath occurrad	yrsmos	ds. How long in U.S. of foreign birth?yrs	_mosds.
2. FULL NA	ME Com	es de	Smell	If U. S. Veteran, specify WAR MOVE	
(a) Resider	nce: No.	Thereor		· St., Ward. Theresa, new	V you
		(Usual place		If nonresident give city or town	
	NAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	10
3. SEX	4. COLOR OR RACE		RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH	7
1	white	reme		(Modth) (Day)	(aar)
5a) if married, widow HUSBAND of	wad, or divorced		0	22. I HEREBY CERTIFY, That i attand	lad described from
(or) WIFE of	STANIF NUMBER			ang 9 1937, to ang 10	1932
C DATE OF BIRTH	(month day and views (20 7-	1910		Z; death is said
7. AGE Yes	(month, day, and year) Gers Months	Days	If LESS than	to heve occurred on the date stated above, at	- J- 0 , 000 11 10 9011
		3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
4.8	ession, or particular	1 3	ormin.	ware as follows:	Date of onset
kind of	work done, as SPINNER, R, BOOKKEEPER, etc	learl.		Fraction of Skull	Come Co
a Industry or	businass In which		- 0	T Can saws of	cury. 4
SAW MI	s done, as SILK MILL, LL, BANK, atc	righ ?	5chool		
O Tot Date deceas	sad last worked at upation (month and	ens	ima (years)		
year)	June 19;		upation	Other, Contributory Causes of Importance:	
12. BIRTHPLACE (ci	ity or town)	Theresa		Loused Wounds of Face	
(State or cou		m.4	•	4 Scalp & Hemberhage	Ciny. 9
13. NAME) Kare.	H. 54	all		
13. NAME	E (city or town)	There	-	Nama of operation Sutress of Mounds Data o	ang 9
(State of	r country)		7.4.	What test confirmed diagnosis? Was there	an autopsy? 20
15. MAIDEN NA	AME Gerla	ude E	Dieleson	23. If death was due to external causes (VIOLENCE) fill in also tha follow	
15. MAIDEN NA	E (city or town)	June	Jech	Accident, suicide, or homicide? _ Leculeut Date of injury Co	149 1937
≤ (Stete o	r country)	7	7.4	Where did injury occur? the Showly - near Fred	
17. INFORMANT	Mrs. Ha	. O H . S	0 0	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
(Addrass)		Therepa	. n. u.	Public place.	
18. BURIAL CREMA			Λ	Manner of injury automobile acciden	\$ -
Place Qu	chused The	nameate. Cu	13,1037	Nature of Injury Fracker of Skull	
TO UNDESTANCE	MR PO	chia	4 14	24. Was disaase or injury In any way raleted to occupation of dacaasod?	ho
19. UNDERTAKER (Addrass)	Frederic	h m	· Iles-0	if so, specify	
11/		20.34	c40, 11	(Signad) Trunk W. Worthrys	h MI
20. FILED. 1 D. C.	ug, 1937 2	J. M.	Registrar.	(Address) Federick - Khe	U.
	If mo	re blanks are needed,		2422 N. Charles Street, Baltimore, Requesting U. S. No. 2.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	li li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MIMEAU V. S.			3.0	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY PHYSICIAN	V.

MICHAEL ST. T. T
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MILLA

A 5 5	STATE OF MARYLAND-	CERTIFICATE OF DEATH
infor state UPA	1. PLACE OF DEATH	942
occ	County Fried	Registration Dist. No. 141
sho of (Village or City Bruse Oh	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
NS NS		ds. How long in U.S. if of foreign birth?dsds.
Every SIANS ement	2. FULL NAME Outhen Tee Speiche	If U.S. Veteran specify WAR.
SIG.	(a) Residence: No. Workers	St., Ward. If nonresident give city or town and State
t H S	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A. C 19
	Male White OR DIVORCED (write the word)	(Month) (Day) (Year)
MANEN ACTL assified.	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
MA A lass	(or) WIFE of There of Suerr	
EX EX y cl	6. DATE OF BIRTH (month, day, and year) Out 1901	I last saw h; death is said
IS A P stated properl	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importence
IS A stated proper sertifice	ormin.	were as follows:
HIS be be of	kind of work done, as SPINNER, Falling Blating	Tours dead on avery
ould may back	9. Industry or Dusiness in which work was done, as SILK MILL,	Hos weet indepotin
VK—T should it may n back	O 1.10. Date deceased last worked at II. Total time (years)	7
IG II AGE that ons o	this occupation (month and spant in this occupation occupation	Catoray Scaling
AC AC So th	12. BIRTHPLACE (city or town)	Other Cantributary Causes of importance:
ed. is, s truc	(State or country)	
ppli ppli erm ins	II 13. NAME A & Speicher	
H L su iin t	14. BIRTHPLACE (city or town) (State or country)	Name of operation
ullly pla	x	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
Y, The carefully H in pla	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19
HEAL	≥ (State or country)	Where did injury occur?
ld be DEA	17. INFORMANT Mus Julia & Apricher	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Should OF D	18. BURIAL, CREMATION, OR REMOVAL	Managed Live
E 19 4	Place Pleasant Valley my Date aug 24 , 1937	Manner of Injury Nature of Injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER DATELY COM	24. Was disease or injury in any way related to occupation of deceased?
TCH	(Address) Burner la Mol	If so, specify
2(1)	20. FILED aug 21, 1987 hos H. S. Hrages	(Signed) M. D
A	Registrar.	(Address) / Causar Up M)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial mephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

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6	1	T	Æ

County Frederick Village or City Hansonville	Registration Dist, No. 144
Village or City Hansonville	
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John David Storr (a) Residence: No. Hansonville	If U. S. Veteran, specify WAR NO.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.	21. DATE OF DEATH August 4th 1937 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie McDevitt	22. HEREBY CERTIFY. That I attended deceased from 1987, to 1987
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS then 1 dey,hrs. ormin.	I last saw h slive on 1, 19; death is said to heve occurred on the date steted above, et
kind of work done, es SPINNER, FARMER SAWYER, BOOKKEEPER, etc. Sindustry or business in which work was done, as SILK MILL, Agriculture Farme: SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupation (month and yeer)	
12. BIRTHPLACE (city or town) Mt. Fleasant Md. (State or country)	Other Centributory Causes of importence;
13. NAME Henry Storr.	
13. NAME Henry Storr. 14. BIRTHPLACE (city or town) Germany (State or country)	Neme of operation Date of Whet test confirmed diegnosis? Westhere an europsy?
15. MAIDEN NAME Elizabeth Glaze 16. BIRTHPLACE (city or town) Frederick ND	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
State or country) 17. INFORMANT Mrs John D. Storr (Address) Lewistown. MD	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE Zion, Charlesville - Aug. 6th. 37-	Menner of Injury
19. UNDERTAKER M. L. Creager & Son (Address) Thurmont. MD 20. FILED M. G	24. Was disease or injury in any wey releted to occupetion of deceased? If so, specify (Signed) M. D. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
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Arteriosclerosis ?	And the state of t	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis -	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SEP 3 1907	July 5,1927	Peritonitis	3 days ago	
	BUILEAU V. S				
Other contributory	causes of importance:	-	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				1	

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No.

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Example I				Example II	
The principal cause of de of importance were as followed	ath and related car	uses	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEI	15	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		W Same	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 6	937	July 5, 1927	Peritonitis .	3 days ago
	BUREAU	V s			
Other contributory causes	of importance;			Other contributory causes of importance:	
Gallstones			May 1,1923	Gastroenteritis	1 year
				•	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	IDDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BI	PHYSICIAN
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-WRITE

V. S. No. 1 m

1	. PLACE OI	F DEA	TH	I MAK	LAND	CLITTI	— RO	OI DEATH		
	County	Fred	erick		~ (//	inp	AC (C)	Registration Dist. N	10. 13/	
	Village or C	ity	Frederi	ck		Ap 36	4 35 39	- A		Ward
	Length of resi	dence in c	ity or town where	death occurred_50	(i 2_yrs,mo:	f death occurred i	n a hospital or instituti How long in U.S. If of	ion, give ita NAME instead foreign blrth?y	l of street and n	number) osds.
2	2. FULL NAI	ME	Mrs. Ma	ry Elle	ı Stup		If 6 . S. Veteran, s	specify WARN	ONE	
	(a) Residen	ce: No	364 Ma	dison Si		St.,	Ward.	If nonresident give cit	y or town and	State
2,000	PERSON	AL AN	D STATIST	CAL PARTI	CULARS		MEDICAL CE	RTIFICATE OF	DEATH	
	sex Temale		or or race	5. SINGLE, MARI OR DIVORCES Widow	RIED, WIDOWED, (write the word)	21. DATE	OF DEATH	August 19)av)	, 193 17 (Year)
-	If married, widow NUSDANG of (or) WIFE of		orced lliam H	. Stup		22.		CERTIFY The	46 1 11	1127
6.	DATE OF BIRTH (month, da	y, end year) N	ovember	15.1862	i ley saw h.	75	Jun /96	2.5-	; death is seld
7	AGE Yee	rs	Months	Days	If LESS than 1 day,hrs.	The PRINCIP	AL CAUSE OF DEATI	d above, at 12:45m H and related causes of im		
NO	8. Trede, profes	ork done,		Housew	ife	were as follo	See A	Selew	Rui	Oats of onest
OCCUPATION	9 Industry or	husiness i		At Home	##-9:	PH	, W.Y			
000	10. Date decease this occur		rked at onth and		me (yeers) t in this 45					
12.	. BIRTHPLACE (cli		Maryl	and		Other Cantril	pular Janes On po	fem	nya	23
ER.	13. NAME	Char	eles Mc	Devitt						111
FATH	14. BIRTHPLACE (State or			larvland						eutons
HER	15. MAIDEN NA	ME	Christ	ine Eng	le			ses (VIOLENCE) fill in als		
MOTH		(city or to	own)	Marvlan	d		cide, or homicide? jury occur?	Dete of	injury	, 19
17.	. INFORMANT	Mrs.	Cather	rine I.	Carr Fred M	Specify wheth		(Specify city or town, or INDUSTRY, In HOME, or	in PUBLIC PL	e) ACE.
18	. BURIAL, CREMAT	HON, OR	REMOVAL]	t. Oliv	et Cem.	Menner of In	juryury			
19	. UNOERTAKER (Address)	M.R. Free	Etchiso derick.	n & Son laryland		24. Wes disees		ey releted to occupation of	deceesed?	UD.
20	FILED 21Q	ug.	19.87 Ir	a f. M.	- Sur dy Registrar		Address	MA /	regg	Muo
			If more	blanks are needed, a	ddress State Registrar	, 2411 N. Charles	Street, Balimile, Red	quenting U. S. No.	1	u t

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	Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of enset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	orp 8 1927	July 5, 1927	Peritonitis	3 days ago	
}	DELINEALLY G.				
Other contributory causes of importance:		May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS	BY PHYSICIAN
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PHYSICIANS should state EC. KD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTL H UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified.

THOM is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING LY, W N. B.—WRITE PLA

V. S. No. 1

SIMIL OF MAINTENIND	-CERTIFICATE OF DEATH 8844
1. PLACE OF DEATH	93-60
County frederick p	Registration Dist. No. 134
Village or City triendstreets	NoSt., Ward
1/1	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?dsds
2. FULL NAME Emma May	If U. S. Veteran, specify WAR.
(a) Residence: No. Trendo Gree	Sst., Ward.
(Usual place of abote)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write the wold) Temple 4. COLOR OR RACE OR DIVORCED (write the wold)	21. DATE OF DEATH (Month) (Dey) (Year)
a. If married, widowed, or divorced HUSBANO of (or) WIFE of Lavid R. Lumer	22. I HEREBY CERTIFY, Thet I attended deceased from
DATE OF BIRTH (month, day, end year)	I last saw Read elive on Develo 19.3. deeth is sel
. AGE Yeers Months Days If LESS then	to heve occurred on the date stated above, etm.
74 3 / 17 1 day,hr	THE PRINCIPAL CAUSE OF BEATH and refered causes of importance
8 Trade profession or particular	Oata of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	2 Chronic Margerialla #4-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased lest worked et 11. Totel time (yeers)	
year)	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) of townsample	Suprimiting of all
(Stete or country) Manus Co 3 01	-
13. NAME James	
14. BIRTHPLACE (city or town) The Acc	Neme of operation Dete of
(State of country)	What test confirmed diegnosis? Wes there en au opsy?
15. MAJDEN NAME THE THE TENTE OF THE TENTE O	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Fresh Cold	Accident, suicide, or homicide? Date of Injury, 19
(Stete or country)	Where dld Injury occur?
7. INFORMANT Maria Sarry (Address) Commitation Me	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Piece frenda are pere alla 18,00	Nature of injury
19. UNDERTAKER M. The Orland Parkar (Address)	24. Was disease or injury in any wey related to occupation of deceased?
20. FILE Jung 16, 19 37 Mot Shuff	(Signed) 3 a W. Malland M. M. (Address) 2 a M. Address

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9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 R 1-	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis A 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH		23	
County Frederick		Registration Dist. No. 139	2
Village or City State Sar	atorium. Md.	NoSt	Ward
Length of residence in city or town where deeth of	occurred 1 yrs 2 mos	No. St., death occurred in a hospital or institution, give its NAME instead of street and n. 10. ds. How long in U.S. If of foreign birth? yrsmo	umber) sds.
2. FULL NAME John Fran	nk Vonville,	If U. S. Veteran, specify WAR	*******
		O.St., Ward. Maryland. If nonresident give city or town and	
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. S	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word) Married	21. DATE OF DEATH Aug 16 (Month) (Day)	1937
5a. If married, widowed, or divorced	Mailieu	(Month) (Day)	(Year)
HUSBANO of (or) WIFE of Ethel	Vonville	22. I HEREBY CERTIFY, Thet i attended of	
		June 6 ,19 36, to Aug. 16	, 19.3.7.
6. DATE OF BIRTH (month, day, end year) API 7. AGE Years Months	0avs 16 LESS than	to have occurred on the date stated above, e2.45P.41	; death is said
39 4	O 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or perticular	ormin.	were as follows:	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	armer	Pulmonary Tuberculosis	More
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at		Furmonary Tuber curbs is	Nov.
SAW MILL, BANK, etc.			-1935-
- Cura aggraph (higher bland	11. Total time (years) spent in this 20 Yrs		
year)	occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	nio		
		Tuberculous Laryngitis	
13. NAME Joseph Vor	IAITTO	h av a	
14. BIRTHPLACE (city or town)		Name of operation none pos Sput Peta of	
(State of country)	rance	What test confirmed diagnoshest X-Ray Was there an a	
15. MAIDEN NAME Philippi 16. BIRTHPLACE (city or town) (State or country)	ne Durney	23. If death was due to external causes (VIOLENCE) fill in also the following	
(State or country)	ance	Accident, suicide, or homicide?	, 19
		Where did injury occur? (Specify city or town, county and State)
17. INFORMANT John Frank (Address) Greensboro,		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	.CE,
18. BURIAL, CREMATION, OR REMOVAL Place Greensboro, Md. Da	Tin kn own	Manner of injury	
Place GIL C GILS DOL O, MG. Da	teULINITOWII, 19	Nature of Injury	
19. UNDERTAKER M.L. Creager (Address) Thurmont	6	24. Was disease or injury in any way related to occupation of deceased?	no
20. FILED (19), 19	Registrar.	(Signed) Deway S. Shaffel	1 M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Attack of epilepsy	
	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	1 year
P	Peritonitis

-WRITE PL

V. S. No. 1 B

County	Frederick			186-a	gistration Dist. No. 14	4
J Godin,	city Thurmo	nt.		No.		Word
			a Ol	death occurred in a hospital or institution, give	e its NAME, instead of street ar	nd number)
Length of res				ds. How long in U.S. if of foreign	1967.77	_mosds.
2. FULL NA (a) Resider		Eller urmont (Usual place		St., Ward.	WAR NO	and State
PERSON	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIF	FICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	t19	, 193.7
5a. If married, widow HUSBAND of (or) WIFE of	wed, or divorced				RTIFY, That I attend	ed deceased from
6. DATE OF BIRTH 7. AGE Yes	(month, day, and year) ars Months	Aug. 15t	n. 1855	I last sawh) alive on 193	0 ,19	death is said
	82 0	4	1 day,hrs. ormin,	The PRINCIPAL CAUSE OF DEATH and rewere as follows:		Date of onset
9. Industry or work was SAW MI 10. Date deceas this occupear) 12. BIRTHPLACE (ci (State or cou	ession, or particular work done, as SPINNER, BOOKKEEPER, etc	Own •37 11. Total t spe occ.	Home	Fall down Steps Striking head or Loucusson of Other Contributory Causes of Importance: Old age enf	in home islently at agring brain while wellement	1939
	E (city or town) Thur	mont		Name of operation Nove	Date of	f
(State o	r country)	Md		What test confirmed diagnosis?	Was there a	an au'opsy?
15. MAIDEN NAME Elizabeth Poffinberger 16. BIRTHPLACE (city or town) Wolfsville. (State ör country) Md 17. INFORMANT Mrs Samuel A. Bennett (Address) Thurmont. MD 18. BURIAL, CREMATION, OR REMOVAL				23. If death was due to external cruses (Violance Accident, suicide, or homicide? Use (Conservation of the Conservation of the	Rome Carty or town, county and	\$/9_19 3 7
PlaceThu	rmont.U.B.C	emveAu	3-214-37	Nature of injury Concussion	on of bran	<u></u>
19. UNDERTAKER	M. L. C Thurm		Son. MD Registrar.	24. Was disease or injury in any way relate If so, specify (Signed) (Address)	Hray mucht Ma	М. D.

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	Example I	i	Example II		
The principal cause of of importance were as f	death and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	the star to the second to the second	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrit	is the Land	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	- SEP 9 3501-	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory caus	es of importance:	11	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	i ca	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1937	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nophritis CFP	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	DDITIONAL	VAL SPACE FOI	FURTHER	STATEMENTS	BY PHYSICIA	N
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20. FILED ..

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X	1	4	X
0	0	K	-

	Registration Dist. No. 141
	St., Ward tion, give its NAME instead of street and number) f foreign birth?yrsmosds.
LULO If U. S. Veteran,	specify WAR
Ward.	If nonresident give city or town and State
MEDICAL CE	ERTIFICATE OF DEATH
21. DATE OF DEATH	V 21 00
	(Month) (Day) (Year)
22. I HEREBY	OCERTIFY, That I attended deceased from
I last saw h aliva on to have occurred on the data state.	d above, at 10 Pm. H and related causes of importance
ware as follows:	Date clonset
Other Coutributory Couses by Impor	for
Nama of operation	Data of
	Was there an autopsy?
	isas (VIOLENCE) fill In also the following:
	Date of injury
Whare did injury occur?	
Spacify whether injury occurred in	(Specify city or town, county and State) NUDUSTRY, in HOME, or in PUBLIC PLACE.
Mannar of injury	
Nature of injury	
h /	ay ralated to ope pation of Accessed?
If so, specify(Signad)	We over a
(Addrass)	Brunwich MK

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephribis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago 1937 Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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B.—WRITE PL

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V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			(23)	
County Frede	rick,		Registration Dist. No	139
Village or CityState	Sanator			Ward
Length of residence in city or town wher	e death occurred	yrs,7mos	s. 11 ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME Willi	am D. Wi	lson	If U. S. Veteran, specify WAR	
(a) Residence: No. 1814	N. Reges (Usnal place	ter, St.	St., Ward. Baltimore, Mary. If nonresident give city or town	Land 6
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE White		RIED, WIOOWED, D (write the word) d	21. DATE OF DEATH Aug 1 17 (Month) (Oay)	, 193_7 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Na	thalie E	. Wilson	22. I HEREBY CERTIFY, That I etter Jan 6 ,19 37, to Aug.	
6. DATE OF BIRTH (month, day, end yeer)	Nov. 6	1911	i last saw h_1m alive on Aug . 17 ,19	
7. AGE Years Months	Oays	If LESS than I day,hrs.	to have occurred on the date stated above, at 8. 30. R. M.	
25 9	11	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Data ol onset
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chauffeu	r	Pulmonary Tuberculosis	
10. Date deceased last worked at this occupation (ment) and year)	35 II. Total to	ime (years) nt in this Yrs & upation 5 Yrs &	Other Castributary Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	Miss.		Tuberculous Meningitis	
13. NAME Abijah W	ilson			
13. NAME Abijah W 14. BIRTHPLACE (city or town) (State or country)	Miss.		Name of operation NODE Date What test confirmed diagnosis? Chest X—Rayvas there	
15. MAIOEN NAME Pattie	Crow		23. If death was due to external ceuses (VIOL ENCE) fill in also the foll	owing:
15. MAIOEN NAME Pattie			Accident, sulcide, or homicide? Oate of Injury	, 19
(State or country) 17. INFORMANT William D	Miss. Wilson		Where did injury occur? (Specify city or town, county an Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLI	d State) IC PLACE.
(Address) Baltimore	. Md.			
18. BURIAL, CREMATION, OR REMOVAL Place Balto Md	nate IInk	nown 10	Manner of Injury	•
	A		Nature of Injury	
19. UNDERTAKER M. L. Cre (Address) Thurmon	agen 6		24. Was disease or injury In any way related to occupation of deceases	17. no
20. FILED	174	Registrar	(Signed) David Sana Tong	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car.	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		. 0	
Other contributory causes of importance:	10000	Other contributors causes of importances	The same
Gallstones	May 1,1923	Gastroenteritis	1 year
		100	
		1.0.	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	42 24
County Frederick	Registration Dist. No. 13
Village or City Frederich	No. 55% East Church St., Ward
Length of rasidence in city or town where death occurredyrs,	f death occurred in a horbital or institution, give its NAME instead of street and number) sds. How long in 3 S. if of foreign birth?yrsmosds.
2. FULL NAME Oline Mas Kepner Wa	If U. S. Veteran, specify WAR
(a) Residence: No. 55/ Cant Church	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1. Color OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Conquest 5 193 7
5a. If married, widowed, or divorced	(Month) (Day) (faar)
(or) WIFE of Joseph Herman Wolf	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) May / 1905	i last saw h. 4 f aliva on 4/5, 19.37; deeth is said
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at 6.45 m.
32 3 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Tuberculori ver telras
SAWYER, BDDKKEEPER, etc.	and ranochae
9. Indostry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	To form legt
	Inbu culous mes ment
year) west, 1936 occupation 12	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) Faifuld (State or country) 13. NAME 7 7.) Kepner	
(State or country)	
7 . 4 . 4 4	2
14. BIRTHPLACE (city or town). January (State or country)	Name of operation Dete of
# 15. MAIDEN NAME Mary 6. Sites	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIDLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Fairfield (State or country)	Accident, suicide, or homicide?
(Stata or country)	Where did injury occur?
17. INFORMANT Joseph H. Walf (Address) Tuelesia for	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAE	Manner of injury
Place Fairfield, Pa Date 8, 8 ,1937	
19. UNDERTAKER Harry & Cart Co. (Addrass) Fachlas & Tuel	24. Was dicease or injury in any way related to occupation of deceased?
20. FILED le aug, 1937 la Mi - Surdy Registrar.	(Signad) To Coo Gues M. D. (Address) Tellenger
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
V. D. []				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN